



UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICES

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

1. EMPLOYEE INFORMATION AND VERIFICATION: (TO BE COMPLETED AND SIGNED BY EMPLOYEE AT THE TIME EMPLOYMENT BEGINS)

| | | | |
|------------------|--|----------------------------------|------------------------|
| PRINT NAME: LAST | | FIRST | MIDDLE INITIAL |
| MAIDEN NAME | | DATE OF BIRTH (MONTH, DAY, YEAR) | SOCIAL SECURITY NUMBER |
| STREET ADDRESS | | CITY | STATE ZIP CODE |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ 1. A citizen or national of the United States.
☐ 2. A Lawful Permanent Resident (Alien Number A _____)
☐ 3. An alien authorized to work until _____ (Alien Number or Admission Number _____)

| | |
|-----------|-------------------------|
| SIGNATURE | DATE (MONTH, DAY, YEAR) |
|-----------|-------------------------|

PREPARER/TRANSLATOR CERTIFICATION: TO BE COMPLETED AND SIGNED IF SECTION 1 IS PREPARED BY A PERSON OTHER THAN THE EMPLOYEE.

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | | |
|----------------|----------------------|-------------------------|
| SIGNATURE | NAME (PRINT OR TYPE) | DATE (MONTH, DAY, YEAR) |
| STREET ADDRESS | CITY | STATE ZIP CODE |

2. EMPLOYER REVIEW AND VERIFICATION: (TO BE COMPLETED AND SIGN BY EMPLOYER)

Examine one document from List A OR examine one document from List B and one from List C as listed in the instructions of this form and record the title, number, and expiration date, if any, of the document(s).

| LIST A | | OR | LIST B | | AND | LIST C | |
|-------------------|--------------------------|----|--------------------------|--|-----|--------------------------|--|
| DOCUMENT TITLE | | | DOCUMENT TITLE | | | DOCUMENT TITLE | |
| ISSUING AUTHORITY | | | ISSUING AUTHORITY | | | ISSUING AUTHORITY | |
| DOCUMENT NUMBER | EXPIRATION DATE (IF ANY) | | DOCUMENT NUMBER | | | DOCUMENT NUMBER | |
| DOCUMENT NUMBER | EXPIRATION DATE (IF ANY) | | EXPIRATION DATE (IF ANY) | | | EXPIRATION DATE (IF ANY) | |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on _____ (month, day, year) and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|----------------|-------|-------------------------|
| SIGNATURE | | DATE (MONTH, DAY, YEAR) |
| PRINT NAME | TITLE | |
| STREET ADDRESS | CITY | STATE ZIP CODE |

3. UPDATING AND REVERIFICATION: (TO BE COMPLETED AND SIGN BY EMPLOYER)

| | | |
|--|-----------------|--|
| A. NEW NAME (IF APPLICABLE) | | B. DATE OF REHIRE (MONTH, DAY, YEAR) IF APPLICABLE |
| C. IF EMPLOYEE'S PREVIOUS GRANT OF WORK AUTHORIZATION HAS EXPIRED, PROVIDE THE INFORMATION BELOW FOR THE DOCUMENT THAT ESTABLISHES CURRENT EMPLOYMENT ELIGIBILITY. | | |
| DOCUMENT NAME | DOCUMENT NUMBER | EXPIRATION DATE (IF ANY) |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United states, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|-----------|-------------------------|
| SIGNATURE | DATE (MONTH, DAY, YEAR) |
|-----------|-------------------------|